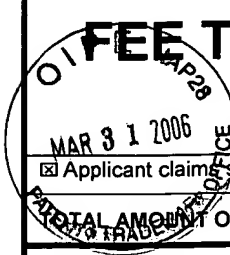


<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">  </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2> </div> </div>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/829,269	
		Filing Date April 9, 2001	
		First Named Inventor Sturm	
		Examiner Name 3726	
		Art Unit Jimenez	
TOTAL AMOUNT OF PAYMENT (\$) 1055		Attorney Docket Number P19.12-0036	
<b>METHOD OF PAYMENT</b> (Check all that apply)			
<div style="font-size: x-small;"> <input type="checkbox"/> Check                <input checked="" type="checkbox"/> Credit Card                <input type="checkbox"/> Money Order                <input type="checkbox"/> None                <input type="checkbox"/> Other (Please Identify): _____           </div> <div style="font-size: x-small;"> <input checked="" type="checkbox"/> Deposit Account - Deposit Account Number: <u>23-1123</u>                Deposit Account Name: <u>Westman, Champlin and Kelly</u> </div> <div style="font-size: x-small;">             For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)             <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Charge fee(s) indicated below</span> <span><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17</span> <span><input checked="" type="checkbox"/> Credit any overpayments</span> </div> </div> <div style="font-size: x-small; margin-top: 5px;">             Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.           </div>			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
Application Type	FILING FEES <small>Small Entity</small> Fee (\$)    Fee (\$)	SEARCH FEES <small>Small Entity</small> Fee (\$)    Fee (\$)	
EXAMINATION FEES	<small>Small Entity</small> Fee (\$)    Fee (\$)		
	Fees Paid (\$)		
Utility	300    150	500    250	
Design	200    100	100    50	
Plant	200    100	300    150	
Reissue	300    150	500    250	
Provisional	200    100	0    0	
<b>2. EXCESS CLAIM FEES</b>			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b> 26    - 20 or HP = 6    x    25    =    150	<b>Multiple Dependent Claims</b> Fee (\$) 180		
HP = highest number of total claims paid for, if greater than 20			
<b>Indep. Claims</b> 0    - 3 or HP = 0    x    100    =    0	Fee Paid (\$) 0		
HP = highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<b>Total Sheets</b> 0    - 100 = 0    / 50 = 0    (round up to a whole number) x    125	<b>Fee Paid (\$)</b> = 0		
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)	-		
Other: <u>rce</u>	395		
<u>Three month extension of time</u>	510		
<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent) 36,188	Telephone: 612-334-3222	
Name (Print/Type)	Date: <u>3/29/01</u>		